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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 6418

<b>SERIAL NUMBER</b> 10/824,563	<b>FILING OR 371(c) DATE</b> 04/15/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> PHARMA 100 D2	
<b>APPLICANTS</b> Henriette Gourdeau, Montreal, CANADA; Francis J. Giles, Houston, TX;					
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/536,459 03/28/2000 PAT 6,630,480 which claims benefit of 60/126,734 03/29/1999 and claims benefit of 60/126,813 03/30/1999					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/24/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 40	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 24999					
<b>TITLE</b> Methods of treating leukemia					
<b>FILING FEE RECEIVED</b> 1130	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		